



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

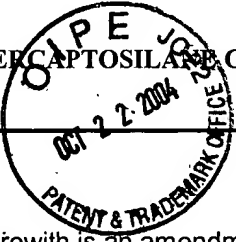
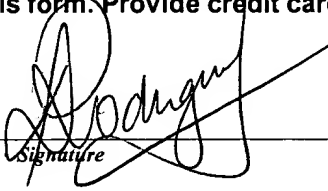

Applicant: Richard W. Cruse)
) Group Art Unit: 1713
Serial No.: 09/986,515)
)
Filed: November 09, 2001)
) Examiner: Egwim, Kelechi
For: BLOCKED MERCAPTOSILANE COUPLING) Chidi
AGENTS FOR FILLED RUBBERS)

RESPONSE

VIA EXPRESS MAIL
MAIL STOP RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a response to the Final Office Action dated April 22, 2004 for which Applicant petitions for a three-month extension of time. Applicants respectfully request reconsideration of the outstanding rejection in view of the following remarks.

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 143006-14	
Applicant(s): Richard W. Cruse						
Application No. 09/986,515	Filing Date November 09, 2001	Examiner Egwim, Kelechi Chidi	Customer No. 23413	Group Art Unit 1713	Confirmation No. 5549	
Invention: BLOCKED MERCAPTOSILANE COUPLING AGENTS FOR FILLED RUBBERS						
 COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	8 -	40 =	0 x	\$18.00	\$0.00	
INDEP. CLAIMS	1 -	5 =	0 x	\$88.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 07-0888 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature			Dated: October 22, 2004			
David E. Rodrigues Registration No. 50,604 Customer No. 23413 (860) 286-2929			<div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on 10/22/04 (Date)  Signature of Person Mailing Correspondence Barbara Davidson (express mail) Typed or Printed Name of Person Mailing Correspondence </div>			
cc:						